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	DISTRICT OF OREGON 3 16-CR -06051
	Civil Case No.
ONITE! Plaintif v.	STATES  APPLICATION FOR SPECIAL ADMISSION – PRO HAC VICE
RYAN S Defenda	SUNDY ant(s).
Attorney the above-caption	requests special admission pro hac vice in oned case.
	Attorney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the LR 83-3, and certify that the following information is correct:
` '	PERSONAL DATA:
	Name: Roots Roger L. Esq.  (Last Name) (First Name) (MI) (Sugnit)  Firm or Business Affiliation: Roger Roots, Atty. at Law
	Firm or Business Affiliation: Roger Roots, Atty. at Law
	Mailing Address: 13 Lake. Drive East
	City: Livingston State: Montana Zip: 59047  Phone Number: 406 - 224-3105 Fax Number:
	Phone Number: 406 - 224 - 3105 Fax Number:
	Business E-mail Address: rogerroots @msn.com

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(2)	BAR	BAR ADMISSIONS INFORMATION:				
	(a) (b)	State bar admission(s), date(s) of admission, and bar ID number(s):  Rhode Island State June 3, 2003 Bar #6752  U.S. 9th Circuit  U.S. 8th Circuit  U.S. 1st Circuit  Other federal court admission(s), date(s) of admission, and bar ID number(s):				
	(1)	Other rederat court admission(s), date(s) or admission, and but 1D number(s).				
(3)	CER	CERTIFICATION OF DISCIPLINARY ACTIONS:				
	(a)	(a) am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)				
(4)	CER	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
	insura	I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.				
(5)	REP	REPRESENTATION STATEMENT:				
	I am	I am representing the following party(s) in this case:  Ryan Bundy				
	****					

<b>(6</b> )	CM/ECE	REGISTRATION:
Ųυ,		MEDICINATION

Concurrent with approval of this pro hac vice application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 22 day of August, 2016

Roger Roots

## CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

(Signature of Local Counsel) Name: (MI) (First Name) (Suffix) Oregon State Bar Number: Firm or Business Affiliation: \_ Mailing Address: State: Zip: Phone Number: 503 Business E-mail Address: **COURT ACTION** 

☐ Application approved subject to payment of fees.

☐ Application denied.

**DATED** this \_\_\_\_\_ day of \_\_\_

Judge

Dear U.S. District Court:

August 21, 2016

I would like to have Roger Roots of Livingston, Montana (406-224-3105) serve as a second standby or advisory counsel for me at the coming trial.

Signed

Ryan Bundy MAN: All RIGHT RESERVED

Exempt for levy